Abstract PP-185 – Table 1

Key indicators for STI programme audit											
Data source	Domain of programme management	Indicator	Subdistrict A	Subdistrict B	Subdistrict C	Subdistrict D	Subdistrict E	Subdistrict F	Subdistrict G	Subdistrict H	Total for City-Metro
Routine data	Access to services	Annual STI - new	4346	10399	5363	13712	3120	5784	7069	12396	62189
		Ratio STI new:MUS	2.2	2.8	3.8	3.1	3.0	3.7	5.2	1.8	2.8
		% STI partners treated	24%	14%	14%	18%	17%	19%	21%	16%	17%
Facility manager interview	Availability of staff and equipment	% Staff trained in Syndromic Management	46%	36%	50%	47%	52%	59%	39%	40%	45%
Inspection of rooms		% Rooms used to treat STIs	76%	30%	52%	58%	83%	77%	56%	86%	61%
		% Rooms "STI Equipped"	33%	21%	9%	30%	40%	32%	14%	35%	29%
Folder review	Quality of care	Specific STI diagnosis made	68%	53%	63%	63%	83%	78%	85%	73%	72%
		Correct drug regime prescribed	46%	35%	57%	47%	60%	56%	48%	69%	53%
		Contact slips issued	57%	65%	51%	74%	81%	73%	65%	63%	65%
		RPR done and result noted	63%	66%	57%	71%	67%	91%	69%	51%	67%
	Integration of care	Condoms issued	61%	64%	53%	73%	88%	72%	73%	82%	70%
		Contraceptive needs assessed	52%	50%	43%	24%	69%	32%	66%	74%	51%
		HIV test done	84%	71%	73%	78%	73%	67%	81%	81%	76%
	RPR= rapid plasma reagent test is a non-specific serological test used for screening for syphilis										
	STI equipped = A room is defined as equipped to provide Syndromic Management if there is an examination couch, IEC materials in appropriate languages, up-to-date Syndromic Management protocols, an adequate light source, dildo, condoms and adequate speculae.										

PP-186 Seroepidemiology of Infection with herpes simplex virus type 2 (HSV2) among asymptomatic students attending Islamic Azad University of Kazeroun, Southwest Iran

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Background: Herpes simplex virus (HSV) infections are among the most common infectious diseases in humans. The prevalence of herpes simplex viruse type 2 (HSV-2) varies widely across the world. Most HSV-2 infections are consequently expected to occur after the onset of sexual activity. Genital herpes is a cause of morbidity and increases the risk of HIV acquisition, due to disruption of mucosal membranes.
Methods: In our descriptive study, the study group comprised 270 students with the average age of 22.2. At the beginning, demographic data were recorded by using a questionnaire. For serological studies 5 ml of blood sample was collected and the serum was isolated by centrifugation. Enzyme linked immunosorbent assay (ELISA) was used for determination of immunoglobulin G (IgG) antibody titer to the HSV-2. Finally the results were analyzed by statistical methods.
Results: Overall, HSV-2-IgG antibody was positive in 63 persons (23.3%) out of 270 subjects and they had a previous infection.
We can find a significant difference in prevalence between men and women but didn't find any significant relationship between students with different field of study and their residence ($p>0.05$).
Conclusion: The overall incidence of HSV-1infection in this study was 23.3%.
Certainly information on age- and gender-specific prevalence of HSV-2 infection is crucial to guide herpes control strategies and prevention of HSV-2 infection should target individuals before they become sexually active.

PP-187 Safety and immunogenicity of a HPV-16/18 AS04-adjuvanted vaccine in a phase I study in Chinese females

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Introduction: With age-adjusted incidence and mortality rates up to 81/100,000 and 30/100,000 women respectively in certain parts, cervical cancer represents a major public health challenge in China. Immunization against oncogenic HPV has been found to be highly efficacious to prevent precancerous cervical lesions in global vaccine studies. A Phase I study in Jiangsu Province, China, provides the first HPV vaccination data in local Chinese women.
Methods: In an open-label study, 30 healthy Chinese females aged 15-45 years were, after appropriate informed consent, recruited and vaccinated with HPV-16/18 AS04-adjuvanted vaccine (*Cervarix*™, GlaxoSmithKline Biologicals) in a 0-1-6 month schedule. Follow-up until Month 7 was conducted for serious adverse events (SAE), other adverse events and reactogenicity, with data recorded by patient diary cards. Blood draws on enrollment and at Month 7 enabled immunogenicity assessments for anti-HPV-16/18.
Results: 29 subjects completed the study. One subject dropped out due to a SAE (breast cancer) – later assessed to be unrelated to vaccination by the investigators. The most commonly reported solicited local symptom was pain at injection site after 65.2% of doses (only 4.5% were considered severe) and the most commonly reported solicited general symptoms were fatigue, headache and myalgia (after 19.1%, 13.5% and 11.2% of doses respectively). 4 subjects reported at least one unsolicited symptom. 100% seroconversion with high GMTs were observed in women who completed the study at Month 7: anti-HPV-16=6187.9EL.U/ml (CI: 4767.9, 8030.9); anti-HPV-18=2538.4 EL.U/ml (CI: 1854.0, 3475.3).

Conclusion: The HPV-16/18 AS04-adjuvanted vaccine had a good safety profile and was immunogenic in 15-45 year old Chinese women.

PP-188 Prevalence of hepatitis A, B and C in a semi-urban area in Nigeria

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Background: Viral hepatitis is a term used to denote hepatitis caused by hepatotrophic viruses (hepatitis A-G) and causes liver cirrhosis and hepatocellular carcinoma, this gives the infection an important cause of mobidity and major concern to public health. This study investigates prevalence of Hepatitis A, B, and C in a semi urban area in Nigeria.
Method: 660 blood samples from apparently healthy individuals were screened for the presence of hepatitis A antibody (IgG and IgM), hepatitis B surface antigen and hepatitis C antibody (IgG) using Enzyme linked immunosorbent assay (Elisa).
Result: Our study showed that 82.3%, and 0.8% were positive for hepatitis A, and C antibody respectively while 10.8% was positive for hepatitis B surface antigen. There is higher prevalence of hepatitis A virus in females (87.2%) than in males (76.4%), and in hepatitis B there is higher prevalence in males than in females (11.1% and 10.5% respectively), while for hepatitis C the prevalence is 1.4% in male and 0% in females. Also highest prevalence rate for hepatitis A and C is within the age group $>$51years while for hepatitis B it is $\leq$20 years.
Conclusion: We concluded in our study that there is high prevalence of hepatitis A and B in the area studied while hepatitis C is of low prevalence.

PP-189 Epidemic prevention and infection control of a field dressing station in Wenchuan earthquake areas

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Background: The objective of this article was to summarize the experience on epidemic prevention and infection control in field dressing station following the Wenchuan Earthquake on 12 May 2008.
Methods: A set of protocols were followed systematically to stop the epidemic of communicable diseases and nosocomial infection from happening. These protocols include the setting and layout of the camps, enforcement of personal and environmental hygiene rules in the aid camp, the food-handling procedures in the area where the rescue teams worked, getting a better understanding of the epidemic status in quake area in recent years, special clinic for fever and diarrhea, management of the camps and locality disinfection, pesticidal methods for the prevention of vector-borne diseases, antisepsis and management of the operating room and ward, and proper use of antibacterial.
Result: During 2 months of operating in the disaster area, no vector-bone disease occurs among the team members, but 9 of 101 team members suffered from dermatitis caused by insect bite (8.91%), two of 101 team members had non-infectious diarrhea. A total of 4,738 patients were triaged at our aid, 110 case of diarrhea, about 40 of them were diagnose as infectious diarrhea, 468 (11%) case of trauma victims were hospitalized. The total wound infection rate were 15.69% (743/4378), and the postoperative infections reached 10.8%. No cross-infection was reported in the field dressing station.
Conclusion: Sufficient preparation and enforcement of related rules are crucial for epidemic prevention and infection control in field dressing station.

PP-190 Basic health units (BHUs): a basic tool in filling health gaps in the developing world

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Objective: Objective of this study is to optimize basic health in the developing world, by improving the basic health facilities, exclusively the BHUs. More than 50% of the rural population in the developing countries is deprived of sustainable access, to the improved sanitation, and BHUs are mostly located in these peripheries. Thanks to more modern means of travel, now an outbreak or epidemic in any part of the world is only a few hours away from becoming an imminent threat somewhere else.
Methods: Five BHUs located in the outskirts of Islamabad were selected for this study, with the permission from the district health office. Data about staff, basic health facilities, immunization coverage and number of patients who visited these health posts per day and role of these facilities in delivering both curative and preventive health services was analysed.
Results: Almost no facilities for basic diagnostic tests, lack of auxiliary staff and unavailability of medicines, largely due to resource constraints and lack of political will made these facilities ineffective.
Conclusion: BHUs are primary option for the poor in the developing countries, and represent a crucial arm of the health system and population that go beyond the treatment of the individual patients. Concerted efforts are needed to make this primary part of the health care system to work properly, with special emphasis on improving and protecting the lives of the healthcare workers in these facilities.

PP-191 Compliance to antibiotic prophylaxis in clean surgeries

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Objective: To assess the compliance to antibiotic prophylaxis in clean, elective surgeries in a tertiary care centre in South India.
Methods: Data regarding choice of antibiotic, timing of administration and duration was collected retrospectively from examination of 100 case records of clean, elective surgeries during the year 2008.
Results: The compliance was 8% for choice of antibiotic (Cefazolin/Cefuroxime), 12% for timing of administration (30 to 60 minutes before incision) and 10% for duration of antibiotics (less than 24 hours after surgery).
Conclusions: In spite of evidence based guidelines for use of antibiotics in surgical prophylaxis, there is a vast difference in individual practices and compliance to all three measures of successful prophylaxis remains poor in most parts of the world.

PP-192 Post-operative infections in coronary artery bypass graft surgeries

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Objectives: To identify incidence of postoperative infections in coronary artery bypass graft (CABG) patients and to identify the site and microbiology of these infections.
Methods: All patients who had undergone CABG surgeries in the year 2008 were included; retrospectively the case records were examined for postoperative fever beyond 48 hours and within thirty days of surgery.
The culture reports and radiological reports of the patients were traced to identify the site and the organism responsible.